ACHI
INSPIRING HEALTHY ACTS

ASSESSMENT OF CHILDHOOD AND ADOLESCENT OBESITY IN ARKANSAS

Year 20 (Fall 2022–Spring 2023)
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Executive Summary

In the United States, nearly one-fifth of children and adolescents are classified as obese.[1] This population is more likely to be at risk for a variety of health problems, including cardiovascular disease, type 2 diabetes, and bone and joint problems, among others. Children who are obese have associated chronic conditions and have annual outpatient visit and prescription drug expenditures up to 35% higher than children who are at a healthy weight.[2] Nationally, it is estimated that obesity is associated with over $170 billion in excess medical costs per year.[3] During the COVID-19 pandemic, the rate of body mass index (BMI) increase among children and adolescents doubled, raising concerns for elevated obesity rates both nationally and in Arkansas.[4]

Passed by the Arkansas 84th General Assembly, Act 1220 of 2003[5] spearheaded initiatives to address obesity among school-age children in Arkansas. Under this legislation, schools are required to collect students' height and weight measurements and include a body mass index (BMI) percentile by age for each student. This requirement begins in kindergarten and continues for even-numbered grades. The Act also required improved access to healthier foods and beverages in schools, the creation of local committees to promote physical activity and nutrition, in addition to confidential reporting of each student's BMI measurement to his or her parents or guardians biennially.

While the statewide collection of BMI data helps inform parents about their child's weight status, data and information from the program may assist in developing new policies and improving health outcomes for all Arkansans. A previous study that used data from the Arkansas BMI screening program concluded that the program has greatly improved the ability to identify children at greatest risk of future obesity, and the ability to predict which children are at an elevated risk of obesity may prove helpful in developing more-effective policies and improved health outcomes.[6] The data is also used by schools, districts, and state agencies when applying for grants.

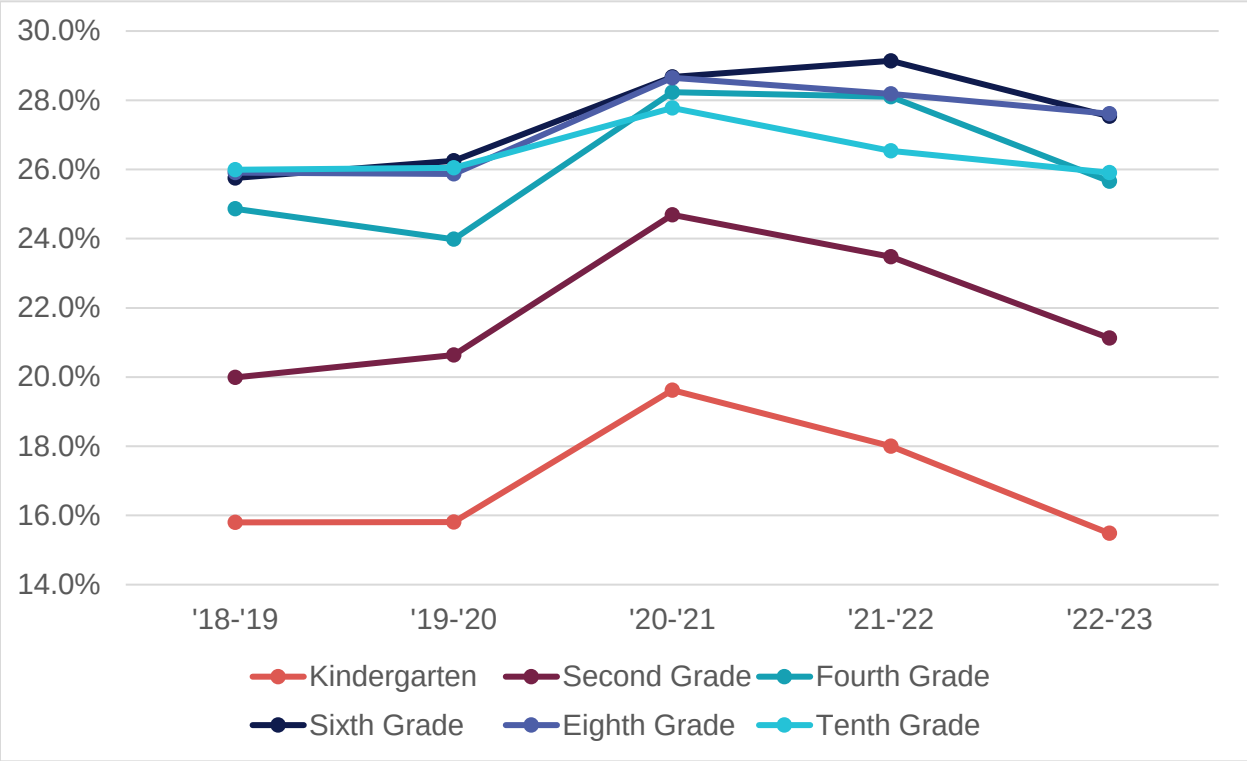
This report details the results of Arkansas's statewide student BMI data collection, including weight categories and BMI assessment participation rates for the past five years. The results from the 2022-2023 school year show that nearly one in four (23.8%) public school-age children had a BMI measurement classified as obese, down from 25.5% for the previous school year (2021-2022).

Childhood obesity levels in Arkansas increased from 22.9% in the 2019-2020 school year to peaks of 26.1% and 25.5% in the subsequent two school years before slightly declining to 23.8% in the 2022-2023 school year, suggesting potentially waning COVID-related impacts. This trend aligns with broader studies indicating pandemic-induced weight gain,[7] especially among younger children.[8]

Figure 1 displays the percentage of children with a BMI measurement in the obese category for the past five measurement periods. From the 2019-2020 to 2020-2021 school year, each grade saw a statistically significant increase in the percentage of students with a BMI in the obese category. For the 2022-2023 school year, while all grades continued showing a decline in obesity rates from the peaks during the COVID-19 public health emergency, obesity rates for

students in second, fourth, sixth, and eighth grades remain higher than pre-COVID levels. Obesity levels among students in kindergarten and tenth grade, however, have returned to or are lower than pre-COVID levels.

FIGURE 1. PERCENTAGE OF ARKANSAS PUBLIC SCHOOL STUDENTS WITH A BMI CLASSIFICATION OF OBESE, BY GRADE, 2018-2019 THROUGH 2022-2023 SCHOOL YEARS



COVID-19 Impacts and BMI Measurement Collection

BMI data collection for the 2020-2021 school year was met with challenges, as the COVID-19 pandemic continued to impact students and school staff throughout the state. Many students attended school virtually due to risk-mitigation efforts and quarantining protocols. Completion of height and weight measurements and data entry was affected by these activities which led to a decrease in valid measurements of 55% of students compared to 64% in the previous year. However, for the 2021-2022 school year, valid BMI measurements were recorded for 76% of eligible students.

Because of the increase in measurements collected in the 2021-2022 school year compared to the previous school year, ACHI conducted statistical studies to test whether BMI data collected in 2021-2022 represented a cohort of students similar to that of the previous two school years. This was necessary to ensure that trends could accurately be compared across years.

We used a categorical statistical test to compare the distribution of valid measurements in the 2021-2022 school year to the distribution of valid measurements in previous school

years. The variables studied were those traditionally associated with having obesity: free and reduced-price lunch status (as a proxy for income level); race and ethnicity; rurality (using rural-urban continuum codes); and district size (defined as large or small districts based on having more than or fewer than 5,000 enrolled students). The outcomes of these comparisons indicated that there were not significant differences in distribution of these variables in the 2021-2022 cohort compared to the two previous cohorts.

Preliminary studies from other states indicate that individuals have experienced increased weight gain during the COVID-19 pandemic.[7] A large cohort study, which included school-age children and adolescents, found weight gain among the study population in the most recent school year compared to previous years and found that younger children experienced greater relative weight gain than older children.[8] Like these studies, outcomes from Arkansas student BMI measurements from the 2021-2022 school year also demonstrate increased weight gain among students during the initial wave of COVID-19 in Arkansas, particularly among elementary school aged children. Findings from our previous report (Year 19) suggest an increase in pediatric obesity in Arkansas as an impact of the pandemic. Overall, the ongoing collection of BMI data successfully continued for the 2021-2022 and 2022-2023 school years.

Introduction

Act 1220 of 2003 established the first state-level legislation in the country to address the alarming prevalence of childhood obesity. The law is aimed at making changes within schools and school districts to encourage healthier lifestyles for students, school staff, and their families.[9]

Act 201 of 2007[10] amended the original BMI screening requirements of Act 1220 by limiting assessments to students in kindergarten and even-numbered grades 2 through 10, exempting 11th and 12th graders, and offering parents the option to opt out of the screening for their children.

About half of U.S. states require or recommend BMI assessments in schools, either to provide information to parents or to support surveillance and screening initiatives at the district and state levels.[11]

This report focuses solely on the BMI assessments for Arkansas public school students, as mandated by Act 1220 and amended by Act 201.

BMI Data Collection

The aggregate child BMI assessments presented in this report are an indication of the extent of the problem of childhood and adolescent obesity in Arkansas schools, school districts, and the state.

PROCESS

To complete the BMI assessments, trained school personnel or student-health professionals obtain one weight and two height measurements for each student. The measurement process is conducted privately with the student facing away from the scale. Data are entered into a secure, web-based computer system that is used to generate individual, confidential child health reports for parents or guardians. All public school students in grades K, 2, 4, 6, 8, and 10 are measured, with some exceptions (see section titled "Reasons Students' BMI Could Not Be Assessed" for more information).

DEFINITION OF BMI

BMI is a constructed value that can be used to assign individuals into underweight, normal or healthy weight, overweight, or obese weight status categories. Using a student's weight and height measurements, BMI is calculated using the following formula:

$$\text{BMI} = \frac{\text{Weight in pounds}}{(\text{Height in inches})^2} \text{ x } 703$$

Boys and girls grow and develop at different rates. Based on the Centers for Disease Control and Prevention (CDC) guidelines, BMI percentiles for students are calculated individually for each boy and girl based upon their gender, age, height, and weight.[12]

Following standard classifications based on expert committee recommendations and used by healthcare professionals, BMI percentiles are used to categorize children according to whether they are underweight, healthy weight, overweight, or obese. For children of similar ages and genders, a higher BMI indicates a greater risk for having or developing obesity-related health problems. These BMI-for-age weight status classifications are as follows:

Obese: *BMI-for-age and gender greater than or equal to 95th percentile.*

Overweight: *BMI-for-age and gender greater than or equal to the 85th and less than the 95th percentile.*

Healthy Weight: *BMI-for-age and gender greater than or equal to the 5th and less than the 85th percentile.*

Underweight: *BMI-for-age and gender less than the 5th percentile.*

A BMI assessment is a screening tool. An individual child's BMI should not be considered a final indicator of whether or not the child has a weight problem that requires attention.

Further evaluation by a health professional is the recommended next step for a child who is classified as overweight or obese.

Aggregate child BMI assessments are, however, an excellent indication of the extent of child and adolescent obesity in schools, school districts, and the state. The data presented in this report serve as a warning about the potential future health problems that Arkansans may face as these children become adults.

Overview of BMI Reports

CHILD HEALTH REPORTS

Confidential child health reports are made available to parents or guardians regardless of the student's BMI classification. Child health reports are developed in the eSchoolPlus Cognos reporting system. It includes vision, hearing, scoliosis, and BMI screening results and provides simple suggestions to seek guidance from a doctor if necessary.

If the student was assessed, the report includes the height, weight, BMI value, and weight status based on BMI classification. The report includes an explanation of what is considered a normal BMI measurement range, and what to do if a child's BMI is above that range.

SCHOOL- AND DISTRICT-LEVEL REPORTING

Summary BMI profile information for individual schools and districts is published in an online dashboard, starting with data from the 2019-2020 school year.[a] School district reports combine information from all available school data in that district. The dashboard presents BMI classifications for schools separately for male and female students by grade and collectively for all students. Summary statistics for each school and district provide a community assessment of the environmental impact of obesity on public school students. For reporting prior to the 2019-2020 school year, summary statistics appear in the appendices of the reports. Previous reports, which are available on ACHI's website, describe the distribution of BMI status among students in each school or district.

[a] https://achi.net/body-mass-index-program

Student and School Participation in the BMI Data Collection

In the 2022-2023 school year, 98.8% (1,036 out of 1,049) of Arkansas public schools, in all 258 school districts, contributed measurements in the statewide BMI assessment. Participation rates were slightly higher than in previous years. Fluctuations in the total number of public schools each year are due to school closings, openings, and consolidations.

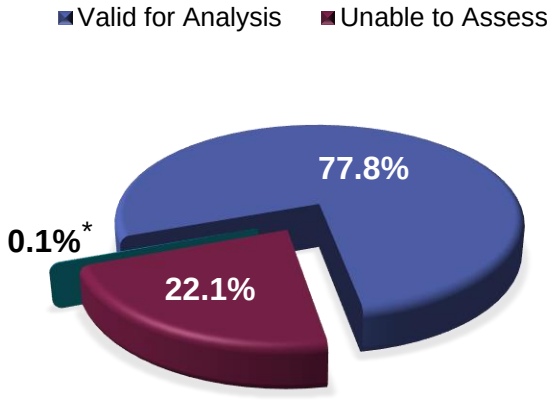
Only students in even-numbered grades were assessed and included in this report. The totals include BMI assessments that were submitted by June 15, 2022, for 89.9% (196,121 out of 218,121) of public school students enrolled in grades K, 2, 4, 6, 8, and 10. Among students for whom data was reported, 77.8% (169,610 students) had valid data to allow BMI calculation (see section “Reasons Students’ BMI Could Not Be Assessed”).

Student participation at schools that contributed varied from 0.61% to 100% of the students enrolled in the required grades. High participation allows for confidence in the results reported by schools and school districts. For those schools or school districts with low participation, under-reporting of certain categories is possible.

Reasons Students’ BMI Could Not Be Assessed

To complete the BMI assessments, school staff collected each student’s height and weight measurements. Twenty-two percent of students (48,258 out of 218,121) were classified as “unable to assess” because no data was submitted, a reason was given to not assess the student (see Table 1), or the student did not have valid data for height, weight, or both. Table 1 provides a breakdown of reasons for the classification of “unable to assess.” About one-tenth of a percent (253 students; see Figure 2) of data submitted was invalid for analysis due to incomplete or incorrect data provided, measurement protocols not being followed, or inaccuracies in the equipment used to complete the assessment.

FIGURE 2. YEAR 20 STUDENT BMI ASSESSMENT



*Invalid for Analysis

TABLE 1. REASONS UNABLE TO ASSESS BMI

Breakdown of Known ‘Unable to Assess’ Reasons		
Absent	12,431	47.3%
Parent Refused	9,353	35.6%
Student Refused	2,540	9.7%
Other	1,567	6.0%
Physical Disability	306	1.2%
Weight Exceeded Scale	30	0.1%
Inaccurate Measurements	17	0.1%
Pregnant	14	0.1%

Statewide Results of the Arkansas BMI Assessment

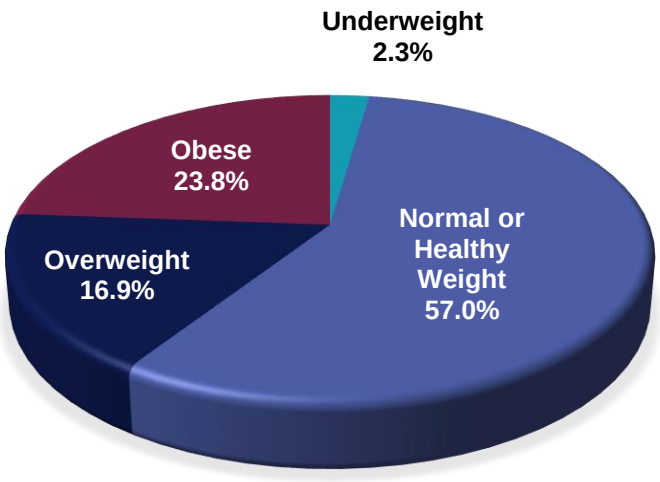
Total public school enrollment in grades K, 2, 4, 6, 8, and 10 for the 2022-2023 school year, reported by the Arkansas Department of Education, was 218,121 students in 1,049 schools, within 258 school districts. The results presented in this section are based on data from 196,121 individual students (enrolled in grades K, 2, 4, 6, 8, or 10) with valid BMI assessments reported prior to June 15, 2022, by 1,036 schools in 258 school districts. BMI classifications are reported by gender, grade, and race/ethnicity. This section includes statewide percentages of underweight, healthy weight, overweight, and obese students for selected demographic subgroups. Percentages for these four classifications are also reported for the majority of school districts (see online dashboard[b]) and counties in the state (see appendix).

[b] https://achi.net/body-mass-index-program

BMI CLASSIFICATIONS FOR ALL STUDENTS

Figure 3 illustrates the BMI classification distribution of Arkansas students during the 2022-2023 school year. In Year 20 (2022-2023), 40.7% of Arkansas students had BMI measurements that were classified as overweight or obese.

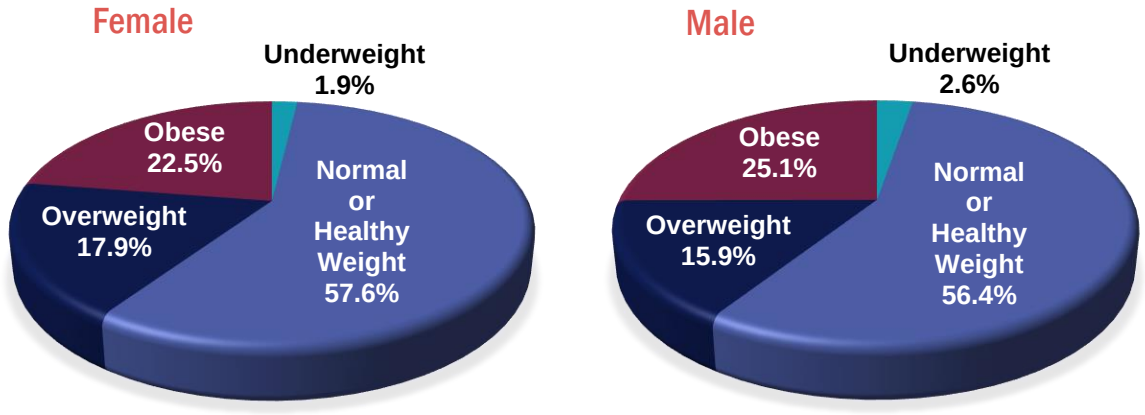
FIGURE 3. YEAR 20 STUDENT BMI CLASSIFICATION FOR ARKANSAS PUBLIC SCHOOL STUDENTS



BMI CLASSIFICATIONS BY GENDER

Figure 4 provides BMI classifications by gender for the 2022-2023 school year. More boys (25.1%) than girls (22.5%) were classified as obese. A higher percentage of girls (17.9%) had BMI measurements classified as overweight compared to boys (15.9%). The percentage of BMI measurements classified as healthy weight for girls (57.6%) was higher than for boys (56.4%).

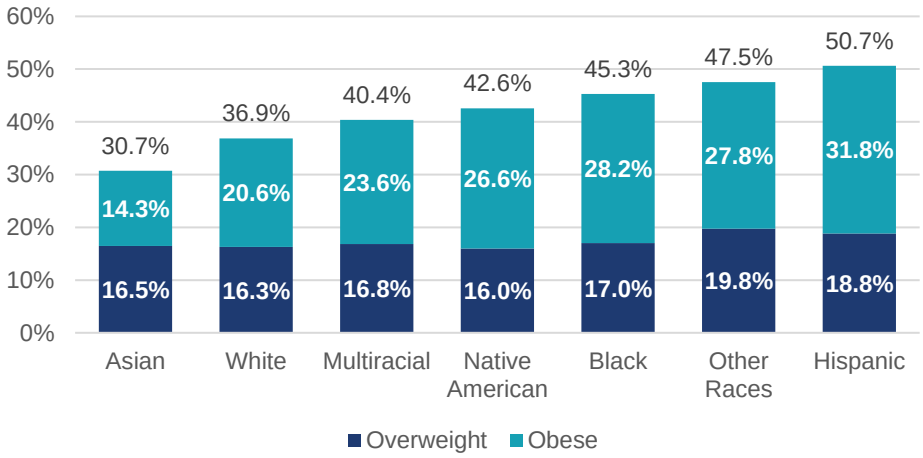
FIGURE 4. YEAR 20 STUDENT BMI CLASSIFICATION BY GENDER



BMI CLASSIFICATIONS BY RACE/ETHNICITY

Figure 5 shows the percentages of students with a BMI measurement classified as overweight or obese, grouped by race and ethnicity. As in prior years, Hispanic students had the highest percentage of BMI measurements classified as either overweight or obese at 50.7% combined. Among students grouped by Other race/ethincity, 47.5% of BMI measurements were classified as either overweight or obese, followed by 45.3% of Black students, 42.6% of Native American students, 40.4% of Multiracial students, 36.9% of White students, and 30.7% of Asian students.

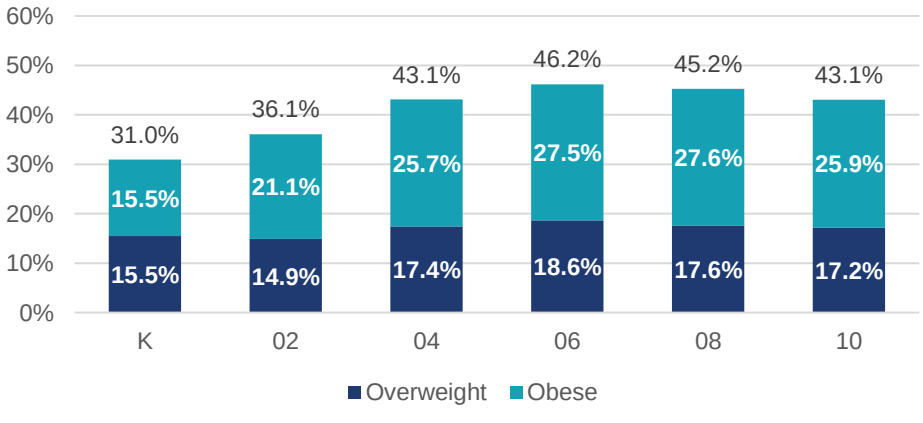
FIGURE 5. YEAR 20 PERCENTAGE OF STUDENTS WITH A BMI MEASUREMENT CLASSIFIED AS OVERWEIGHT OR OBESE BY RACE/ETHNICITY



BMI CLASSIFICATIONS BY GRADE

Figure 6 illustrates the percentage of students whose BMI measurement was classified as overweight or obese by grade level. Findings indicate that 31.0% of kindergarten students entered the school system either overweight or obese. The percentage of students' BMI measurements classified as overweight or obese increased with increasing grade level until grade 6, where it slowly declined to 43.1% in grade 10.

FIGURE 6. YEAR 20 PERCENTAGE OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT OR OBESE BY GRADE

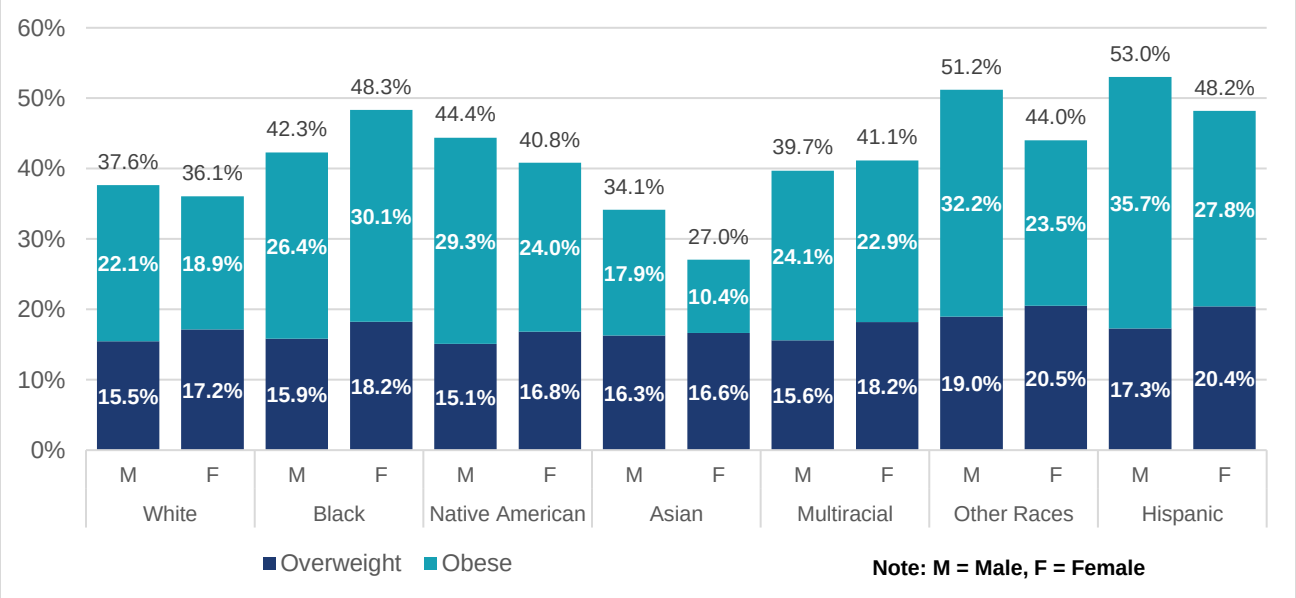


BMI CLASSIFICATIONS BY RACE/ETHNICITY AND GENDER

When evaluating results by race/ethnicity and gender, Hispanic boys had the highest combined percentage of BMI measurements classified as overweight or obese (53.0%, see Figure 7). In most other race/ethnicity groups, boys had a higher total percentage of overweight or obese BMI classifications when compared with girls, with the exception of Black and multiracial girls. Among female students, the highest percentage of students with measurements classified as overweight or obese was found in Black students at 48.3%, followed by Hispanic students at 48.2%.

The greatest difference between male students and female students within a race/ethnicity group was among those with a designation of other race/ethnicity, where 44.0% of girls were in the two highest BMI classifications compared with 51.2% of boys.

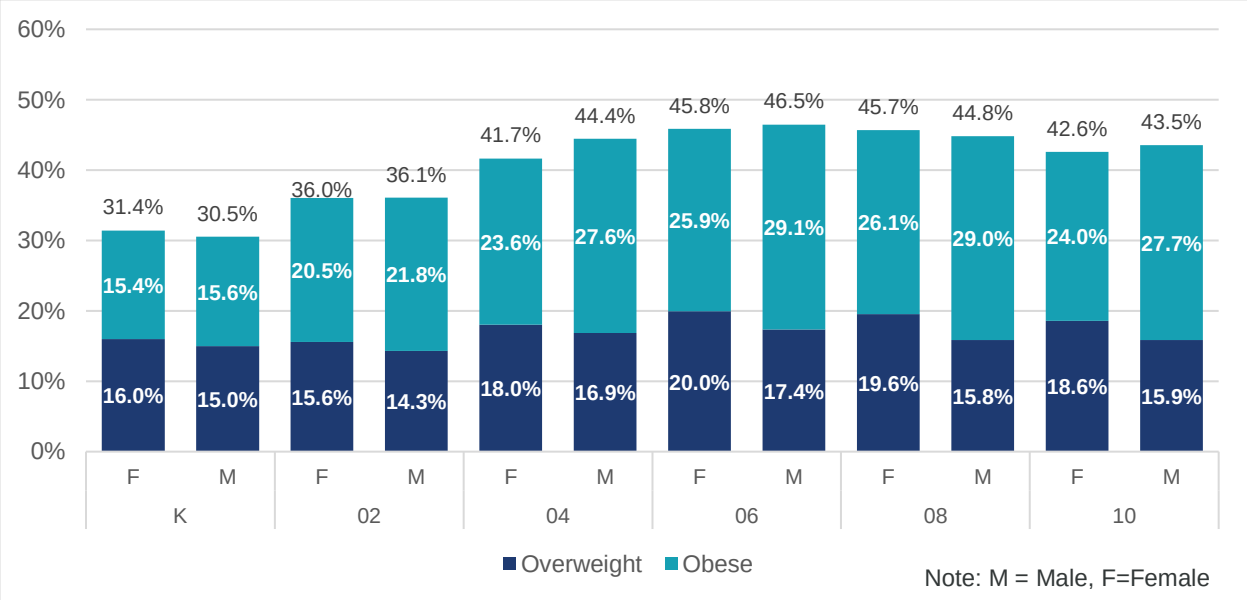
FIGURE 7. YEAR 20 PERCENTAGE OF STUDENT BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT OR OBESE BY RACE/ETHNICITY AND GENDER



BMI CLASSIFICATIONS BY GRADE AND GENDER

As illustrated in Figure 8, data show that a slightly higher percentage of girls (31.4%) than boys (30.5%) enter school with BMI measurements classified as either overweight or obese in kindergarten. In the second grade, the percentage of male students (36.1%) and female students (36.0%) that were classified in the overweight or obese category was nearly the same. In the fourth grade, the difference between boys and girls was more pronounced than most other grades, with 44.4% of male students and 41.7% of female students in the two highest BMI categories. In the sixth grade, male students' BMI measurements were slightly higher than female students (46.5% and 45.8%, respectively) for the total overweight or obese categories. In the eighth grade, the difference was 45.7% for girls and 44.8% for boys. In the tenth grade, the difference between boys and girls in the combined overweight or obese BMI categories was similar to most other grade levels (43.5% and 42.6% respectively). In the Year 14 report, the majority of grades had a higher percentage of girls classified as overweight or obese; however, recent data indicates a shift, with the majority of grades now showing a higher percentage of boys in these categories.

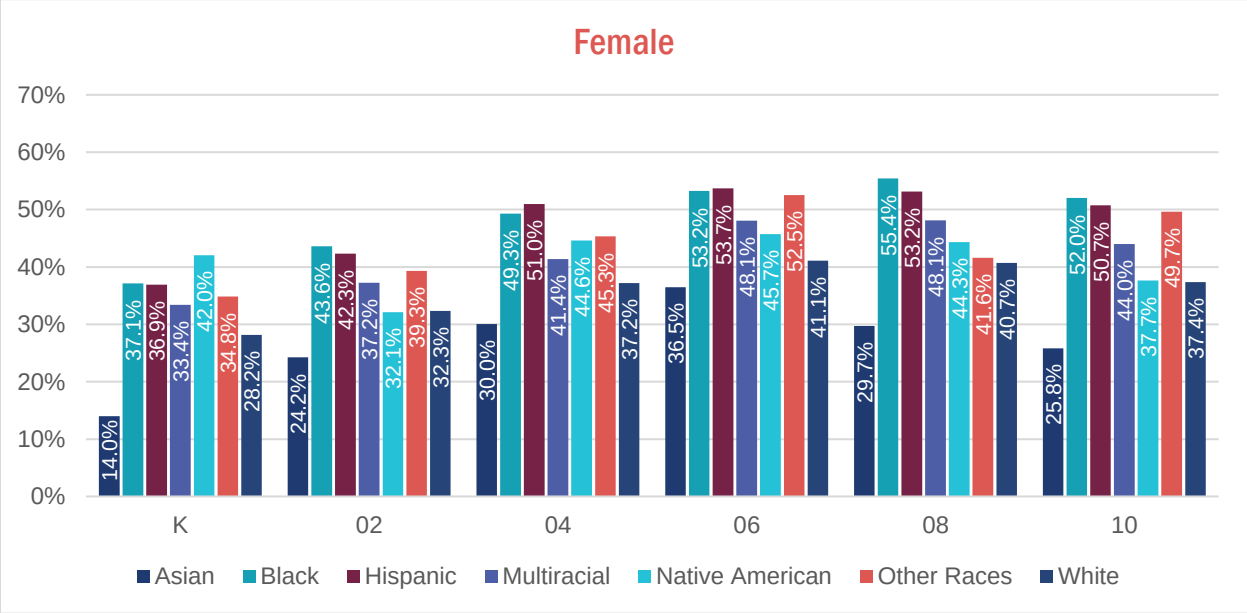
FIGURE 8. YEAR 20 PERCENTAGE OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT OR OBESE BY GRADE AND GENDER

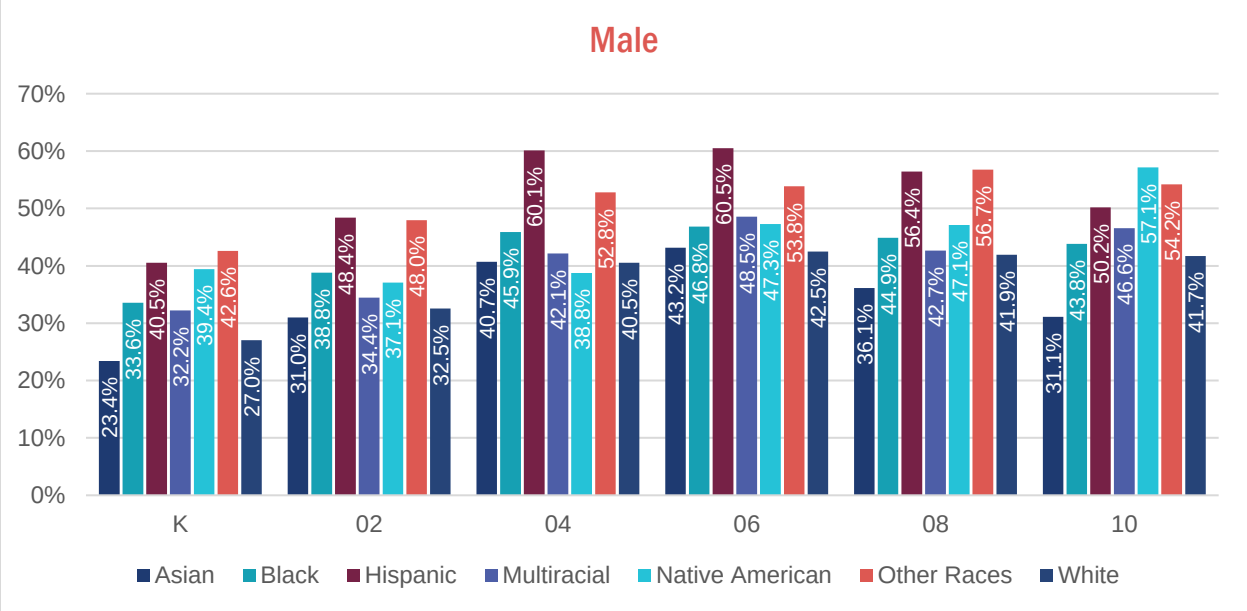


BMI CLASSIFICATIONS BY GENDER, GRADE, AND RACE/ETHNICITY GROUP

Analysis of the BMI data shows that some groups of students face a heightened risk for childhood obesity. The percentages of Black and Hispanic students with BMI measurements in the overweight or obese categories was higher across all measured grades compared to their White peers. The highest percentage of BMI measurements classified as overweight or obese was found among male Hispanic students, especially in the sixth grade, where 60.5% were classified as either overweight or obese (see Figure 9).

FIGURE 9. YEAR 20 PERCENTAGE OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT OR OBESE BY GENDER, RACE/ETHNICITY, AND GRADE





TRENDS IN STUDENT BMI

Data from the past five years of BMI screenings (see Figure 10) reveal that the distribution of students in each of the four categories (underweight, healthy weight, overweight, and obese) remained steady until the 2020-2021 school year, when the proportion of students with BMI measurements in the overweight or obese categories increased significantly. In the most recent measurement year, the proportion of measurements in these levels decreased slightly, with the proportion of BMI measurements in the obese category remaining slightly above pre-pandemic levels.

FIGURE 10. TRENDS IN BMI CLASSIFICATIONS FOR ARKANSAS PUBLIC SCHOOL STUDENTS

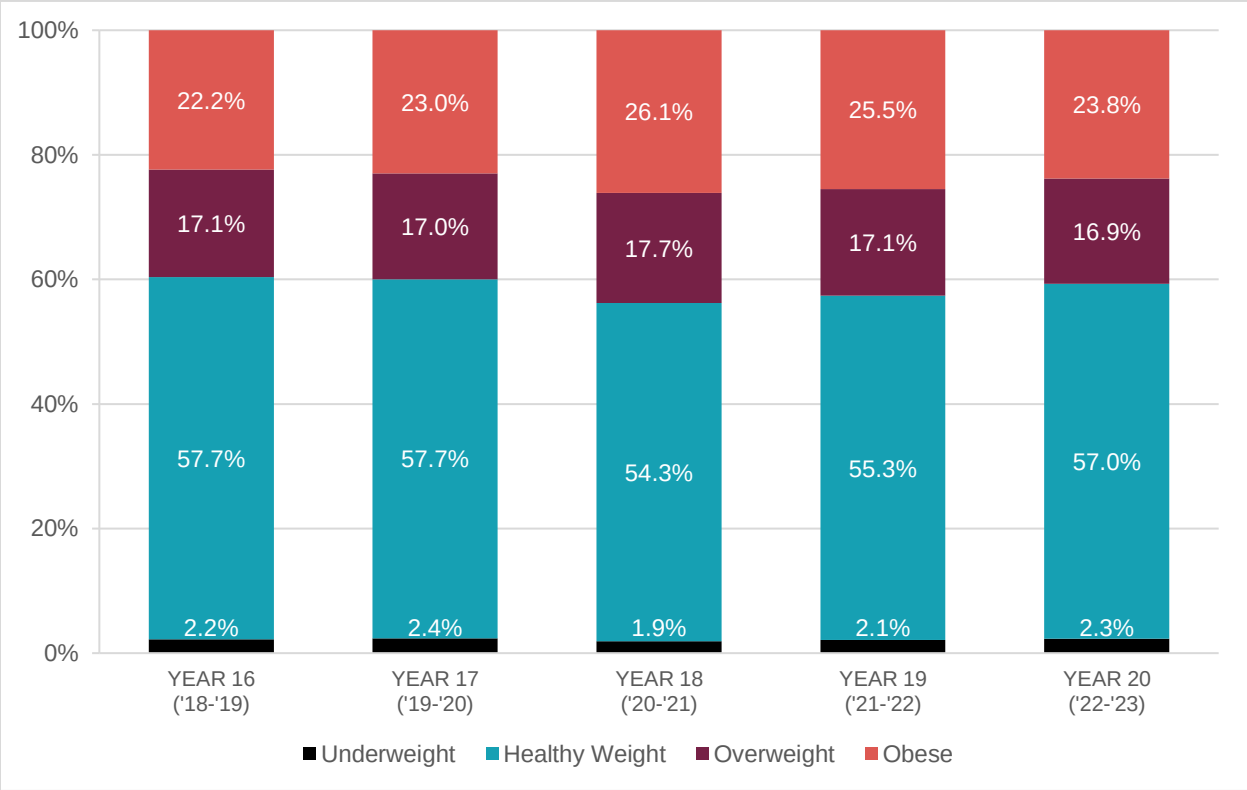


Figure 11 illustrates the trends of students with BMI measurements classified as overweight or obese at kindergarten and at grade 10 over the 20 years data has been collected. There has been modest improvement in the percentages of students classified as overweight or obese entering kindergarten from Year 1 (32.6%) to Year 17 (31.2%) until Year 18 where the percentage increased sharply to an 18-year high of 36.1%. Years 19 and 20 saw steady decreases to 31.0% from that high mark of 36.1%. Similarly, the percentage of students classified as either overweight or obese in grade 10 saw an 18-year high of 44.8% in Year 18, up six percentage points from the initial grade 10 assessment of 38.6% in Year 1, but has reduced slightly to 43.1% in Year 20, which is the lowest it has been since Year 14. The online, interactive dashboard shows trends from the 2019-2020 school year forward.

FIGURE 11. PERCENTAGE OF STUDENTS WITH BMI MEASUREMENTS CLASSIFIED AS OVERWEIGHT OR OBESE BY GRADE, YEAR 1 THROUGH YEAR 20

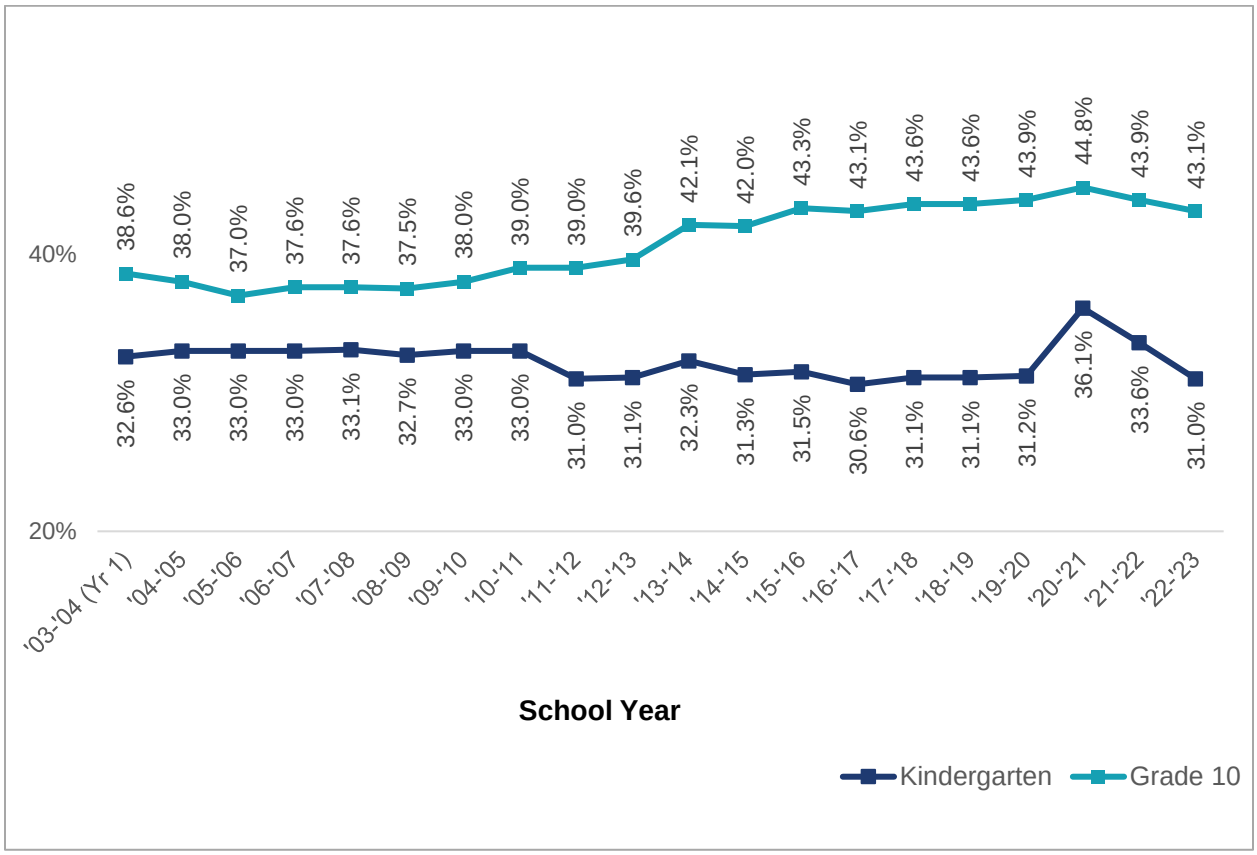
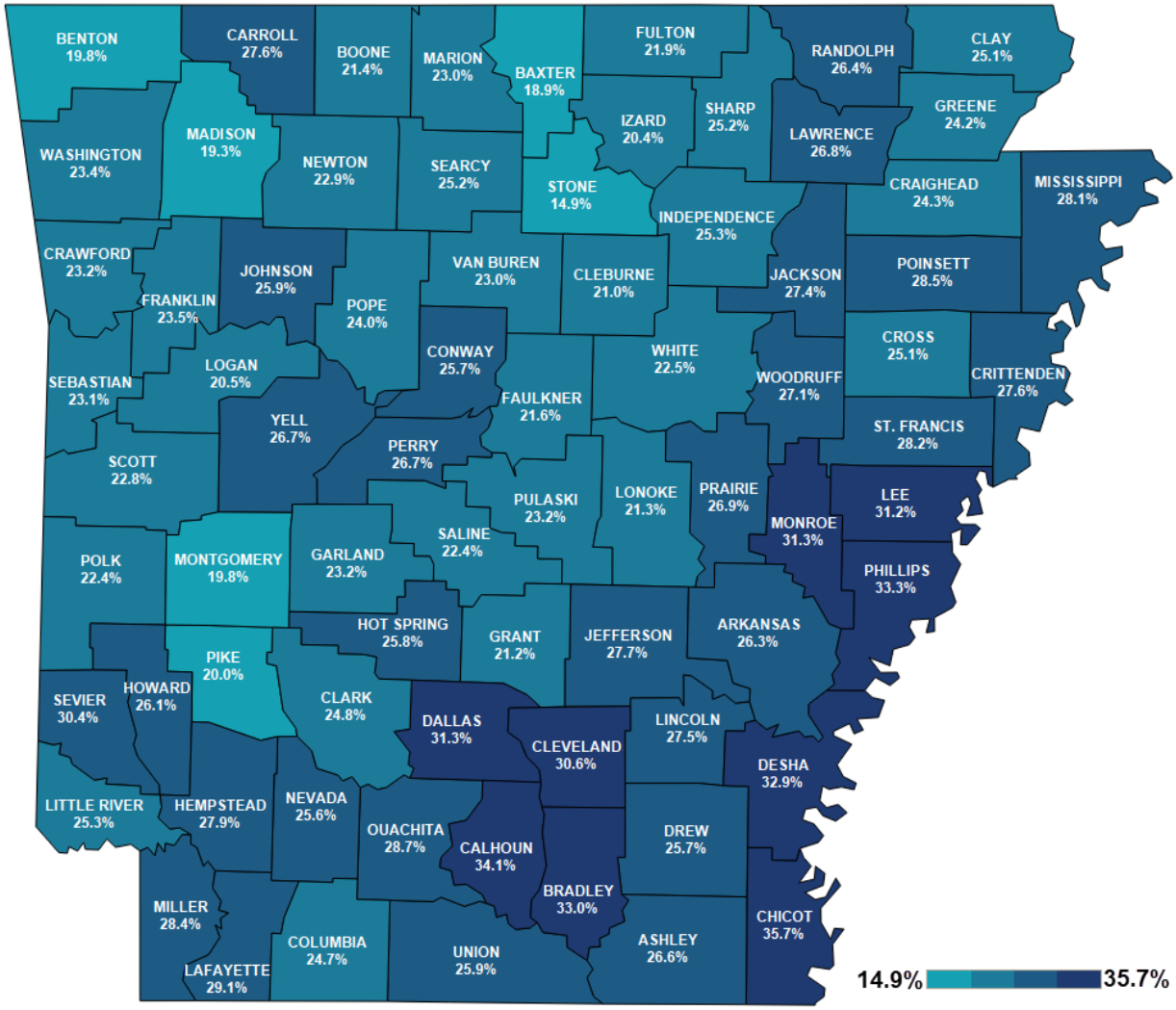


Figure 12 displays the percentage of students with a BMI classification of obese, from among schools located in each county. Calculations are based on valid measurements among students in even grades: kindergarten through grade 10. Stone County had the lowest percentage of valid measurements classified as obese, at 14.9%, while Chicot County had the highest percentage at 35.7%. While all county-level data meets minimum thresholds for inclusion based on individual counts of students, some rural counties experienced relatively low numbers of eligible students having valid measurements in the most recent year.

FIGURE 12. PERCENTAGE OF STUDENTS CLASSIFIED AS OBESE, BY COUNTY LOCATION OF SCHOOL, FOR THE 2022-2023 SCHOOL YEAR



Implications for State Policy

Arkansas must take collaborative and comprehensive action to address the sustained rise in childhood obesity. Schools have emerged as a critical setting for obesity prevention, offering opportunities for physical activity and nutritious meals. However, the pandemic's disruption led to an accelerated rate of BMI change among children. As in-person learning resumes, targeted strategies that support key focus areas outlined by the Arkansas Department of Health of are imperative. These include food service, nutrition, physical activity, and health education.[13]

Supporting this, the American Academy of Pediatrics Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity calls for evidence-based interventions that are cost-effective.[14] Such policies should not only alleviate immediate healthcare costs but also address the larger systemic barriers that perpetuate disparities in childhood obesity rates.

Conclusion

A total of 40.7% of Arkansas public school students who had a BMI measurement in the 2022-2023 school year are classified as either overweight or obese, down from 43.0% in the 2021-2022 school year. BMI measurements in 2020-2021 indicated the highest percentages of grade-level obese classifications since student BMI measurement began in Arkansas. The proportion of students with a BMI measurement in the obese category remains higher than pre-pandemic levels for 2022-2023 school year measurements, which underscores the need for continued efforts to address child health and wellness.

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Appendix: BMI Classification by County

In this table, if fewer than five students are included in a BMI category, that group is not reported. For example, if fewer than five students are in the underweight category at a school in a particular county, the corresponding table cell is left blank. Schools that are missing valid measurements for 20% or more of the students enrolled in participating grades are excluded from the table.

County	Underweight (%)	Healthy Weight (%)	Overweight (%)	Obese (%)	Overweight or Obese (%)
ARKANSAS	1.2%	56.2%	16.4%	26.3%	42.7%
ASHLEY	1.3%	55.1%	17.0%	26.6%	43.7%
BAXTER	2.0%	60.8%	18.3%	18.9%	37.1%
BENTON	2.8%	61.7%	15.8%	19.8%	35.5%
BOONE	2.3%	59.4%	16.8%	21.4%	38.3%
BRADLEY	0.9%	47.0%	19.1%	33.0%	52.1%
CALHOUN		41.0%	23.7%	34.1%	57.8%
CARROLL	2.3%	53.3%	16.8%	27.6%	44.4%
CHICOT	1.4%	46.9%	16.1%	35.7%	51.8%
CLARK	1.9%	55.7%	17.6%	24.8%	42.4%
CLAY	2.4%	56.3%	16.3%	25.1%	41.4%
CLEBURNE	2.7%	60.8%	15.5%	21.0%	36.5%
CLEVELAND	3.0%	49.8%	16.7%	30.6%	47.2%
COLUMBIA	2.6%	55.2%	17.5%	24.7%	42.2%
CONWAY	2.3%	52.9%	19.1%	25.7%	44.8%
CRAIGHEAD	2.3%	56.5%	17.0%	24.3%	41.2%
CRAWFORD	2.4%	57.5%	16.9%	23.2%	40.1%
CRITTENDEN	1.8%	53.1%	17.5%	27.6%	45.1%
CROSS	2.2%	54.5%	18.3%	25.1%	43.4%
DALLAS	2.9%	45.7%	20.1%	31.3%	51.4%
DESHA	1.8%	48.8%	16.6%	32.9%	49.4%
DREW	2.0%	57.4%	14.9%	25.7%	40.6%
FAULKNER	2.6%	59.6%	16.2%	21.6%	37.8%
FRANKLIN	1.9%	58.0%	16.6%	23.5%	40.1%
FULTON	3.8%	57.5%	16.9%	21.9%	38.8%
GARLAND	2.0%	57.2%	17.6%	23.2%	40.8%

County	Underweight (%)	Healthy Weight (%)	Overweight (%)	Obese (%)	Overweight or Obese (%)
GRANT	2.0%	59.7%	17.1%	21.2%	38.4%
GREENE	2.5%	57.1%	16.2%	24.2%	40.4%
HEMPSTEAD	2.1%	51.5%	18.5%	27.9%	46.5%
HOT SPRING	1.3%	55.1%	17.8%	25.8%	43.6%
HOWARD	1.5%	54.9%	17.5%	26.1%	43.6%
INDEPENDENCE	2.8%	54.0%	17.9%	25.3%	43.2%
IZARD	2.0%	60.0%	17.6%	20.4%	38.0%
JACKSON	0.6%	53.6%	18.4%	27.4%	45.8%
JEFFERSON	1.9%	54.0%	16.3%	27.7%	44.0%
JOHNSON	3.5%	54.9%	15.6%	25.9%	41.6%
LAFAYETTE		50.0%	20.6%	29.1%	49.7%
LAWRENCE	1.3%	57.1%	14.8%	26.8%	41.6%
LEE		51.1%	16.3%	31.2%	47.5%
LINCOLN	1.7%	52.5%	18.4%	27.5%	45.9%
LITTLE RIVER	1.8%	55.5%	17.4%	25.3%	42.6%
LOGAN	3.1%	59.5%	17.0%	20.5%	37.4%
LONOKE	2.0%	60.0%	16.8%	21.3%	38.1%
MADISON	1.9%	60.1%	18.8%	19.3%	38.0%
MARION	2.6%	59.3%	15.0%	23.0%	38.1%
MILLER	2.2%	53.1%	16.3%	28.4%	44.7%
MISSISSIPPI	2.8%	52.7%	16.4%	28.1%	44.6%
MONROE	1.8%	50.9%	16.1%	31.3%	47.4%
MONTGOMERY	4.7%	61.8%	13.8%	19.8%	33.6%
NEVADA	3.3%	56.0%	15.2%	25.6%	40.8%
NEWTON	3.2%	58.6%	15.4%	22.9%	38.2%
OUACHITA	2.2%	53.0%	16.2%	28.7%	44.9%
PERRY	0.9%	56.4%	15.9%	26.7%	42.7%
PHILLIPS	1.5%	48.1%	17.1%	33.3%	50.4%
PIKE	3.0%	61.6%	15.4%	20.0%	35.4%
POINSETT	2.0%	51.9%	17.6%	28.5%	46.1%
POLK	1.4%	56.9%	19.4%	22.4%	41.8%
POPE	2.4%	56.7%	17.0%	24.0%	40.9%
PRAIRIE		54.9%	17.4%	26.9%	44.3%

County	Underweight (%)	Healthy Weight (%)	Overweight (%)	Obese (%)	Overweight or Obese (%)
PULASKI	2.5%	57.6%	16.8%	23.2%	39.9%
RANDOLPH	1.3%	54.4%	17.9%	26.4%	44.3%
SALINE	2.4%	58.8%	16.4%	22.4%	38.8%
SCOTT	2.1%	59.0%	16.2%	22.8%	38.9%
SEARCY	3.8%	51.5%	19.6%	25.2%	44.8%
SEBASTIAN	1.9%	57.1%	17.9%	23.1%	41.0%
SEVIER	1.3%	48.9%	19.4%	30.4%	49.8%
SHARP	2.9%	51.8%	20.1%	25.2%	45.3%
ST. FRANCIS	1.8%	51.8%	18.2%	28.2%	46.4%
STONE	3.7%	65.9%	15.5%	14.9%	30.4%
UNION	2.2%	55.5%	16.4%	25.9%	42.3%
VAN BUREN	3.3%	58.4%	15.4%	23.0%	38.4%
WASHINGTON	2.2%	57.2%	17.2%	23.4%	40.5%
WHITE	2.2%	59.2%	16.2%	22.5%	38.7%
WOODRUFF	1.6%	58.0%	13.3%	27.1%	40.4%
YELL	2.5%	54.0%	16.8%	26.7%	43.5%